



Tactical Combat Casualty Care

November 2010



TCCC Scenarios



Tactical Casualty Scenarios

- If the basic TCCC combat trauma management plan doesn't work for the specific tactical situation, then for combat medics, corpsmen, and PJs - it doesn't work.
- There are no rigid guidelines for combat tactics - THINK ON YOUR FEET.
- Scenario-based planning is critical for success in TCCC
- Examples to follow



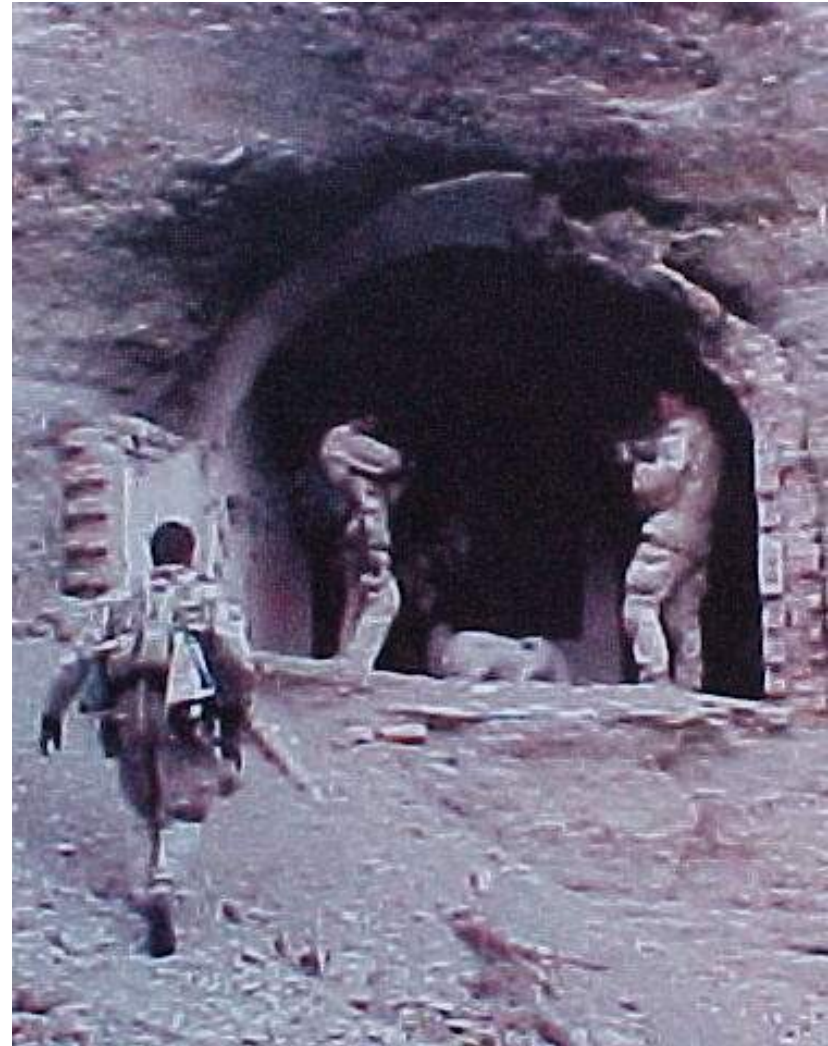


SEAL Casualty - Afghanistan

- August 2002
- Somewhere in Afghanistan
- SEAL element on direct action mission
- Story of the casualty as described by the first responder – NOT a

3

corpsman





SEAL Casualty - Afghanistan

“There were four people in my team, two had been shot. Myself and the other uninjured teammate low crawled to the downed men. The man I came to was lying on his back, conscious, with his left leg pinned awkwardly beneath him. He was alert and oriented to person, place, time, and event. At that point I radioed C2 (mission control) to notify them of the



SEAL Casualty - Afghanistan

“Upon closer inspection, his knee was as big as a basketball and his femur had broken. The patient was in extreme pain and did not allow me to do a sweep of his injured leg. He would literally shove me or grab me whenever I touched his leg or wounds. I needed to find the entrance and exit wound and stop any possible arterial bleeding.”



SEAL Casualty - Afghanistan

“But there was zero illumination and he was lying in a wet irrigation ditch. So I couldn’t see blood and I couldn’t feel for blood.”





SEAL Casualty - Afghanistan

“We were also in danger because our position was in an open field (where the firefight had been) and I had to provide security for him and myself. So, I couldn’t afford to turn on any kind of light to examine his wounds. I told him to point to where he felt the pain. He had to sort through his pains.”



SEAL Casualty - Afghanistan

“He had extreme pain in his knee and where his femur had been shattered as well as a hematoma at the site of the entrance wound (interior and upper left thigh). Finally, he pointed to his exit wound (anterior and upper left thigh). Again, I had no way of telling how much blood he had lost. But I did know that he was



SEAL Casualty - Afghanistan

“So I called C2 again. I gave him the disposition of the patient as well as a request for casevac, a Corpsman, and additional personnel to secure my position and assist in moving the patient to the helicopter. I thought about moving the two of us to some concealment 25 meters away, but we were both really low in a shallow irrigation ditch. I felt safer there than trying to drag or carry a screaming man to concealment ”



SEAL Casualty - Afghanistan

“Between providing security and spending a lot of time on the radio I didn’t get to treat the patient as much as I wanted to. I had given him a Kerlix bandage to hold against his exit wound. When he frantically told me that he was feeling a lot of blood, I went back to trying to treat him. I couldn’t elevate his leg. To move it would mean he’d scream in pain which



SEAL Casualty - Afghanistan

“There was just no way he would allow me to apply a pressure dressing to the exit wound even if I could locate it and pack it with Kerlix. So, I decided to put a tourniquet on him





SEAL Casualty - Afghanistan

“His wounds were just low enough on his leg to get the tourniquet an inch or so above the site. I had a cravat and a wooden dowel with 550 cord (parachute cord) attached to it to use as a tourniquet. I told him to expect a lot of pain as I would be tightening the cravat down.”



SEAL Casualty - Afghanistan

“At this point he feared for his life so he agreed. Once I got it tightened I had trouble securing it. The 550 cord was hard to get underneath the tightened cravat.”





SEAL Casualty - Afghanistan

“After over 5 minutes, the Corpsman arrived along with a CASEVAC bird and a security force. Moving the patient was very hard. Four of us struggled to move him and his gear 25 meters to the bird. The patient was over 200 pounds alone and we were moving over very uneven terrain.”



SEAL Casualty - Afghanistan

“We wanted to do a three-man carry with two men under his arms and one under his legs. But again, his leg was flopping around at the thigh and couldn’t be used to lift him.”





SEAL Casualty - Afghanistan

“The bird, (a Task Force 160 MH-60) had a 50-cal sniper rifle strapped down, which made it hard for us to get him in. It took us minutes to get him 25 meters into the bird. The Corpsman went with my patient as well as the other downed man in my team and I went back to the op.”



Scenario Discussions - Suggested

Format

- Break up into groups of 4-6
- Present the background for the scenario on the screen.
- The Instructor will lead the group's discussion through to the end of the scenario.
- 10 minutes per scenario
- Stop after 10 minutes and present next scenario on screen

Urban Warfare Scenario





Real-World Scenario

- **High-threat urban environment**
- **16-man Ranger team**
- **70-foot fast rope insertion for building assault**
- **One man misses rope and falls**
- **Unconscious on the ground**
- **Bleeding from mouth and ears**
- **Unit taking sporadic fire from all directions from hostile crowds**



The Battle of Mogadishu

- Somalia – Oct 1993
- US casualties 18 dead, 73 wounded
- Estimated Somali casualties 350 dead, 500 wounded
- Battle 15 hours in length



Mogadishu

Complicating Factors

- Helo CASEVAC not possible because of crowds, narrow streets and RPGs
- Vehicle CASEVAC not possible initially because of ambushes, roadblocks, and RPGs
- Gunfire support problems
 - Somali crowds included non-combatants
 - Somalis able to take cover in buildings



Care under Fire

- Return fire?
- Move patient to cover right away or wait for long board?
- How should he be moved?
- Intubation?
- IV fluids?
- Urgency for evacuation?



Mogadishu Scenario 2

Helo Hit by RPG Round





Mogadishu Scenario 2

Helo Hit by RPG

Round

- Hostile and well-armed (AK-47s, RPG) crowds in an urban environment
- Building assault to capture members of a hostile clan
- Blackhawk helicopter trying to cover helo crash site
- Flying at 300 foot altitude



Mogadishu Scenario 2

Helo Hit by RPG

Round

- Left door gunner with 6 barrel M-134 minigun (4000 rpm)
- Hit in hand by ground fire
- Another crew member takes over mini-gun
- RPG round impacts under right door gunner



Mogadishu Scenario 2

Helo Hit by RPG

Round

- Windshields all blown out
- Smoke filling aircraft
- Right minigun not functioning
- Left minigun without a gunner and firing uncontrolled
- Pilot:
 - Transiently unconscious - now becoming alert



Mogadishu Scenario 2

Helo Hit by RPG

Round

- Co-pilot
 - Unconscious - lying forward on helo's controls
- Crew Member
 - Leg blown off
 - Lying in puddle of his own blood
 - Femoral bleeding



Mogadishu Scenario 2

Helo Hit by RPG

Round

- YOU are the person providing care in the helo.
- What do you do first?

Military Operations in Urban Terrain





MOUT Scenario 1

- A U.S. ground element is moving on a high-value target in an urban environment
- The first two men in a 8-man patrol are shot by an individual with an automatic weapon while moving down a hallway in a building.
- 30 • The attacker follows this burst with a grenade



MOUT Scenario 1

- One casualty is shot in the abdomen but conscious.
- The second casualty is shot in the shoulder with severe external bleeding.
- The third person is unconscious from the grenade blast.
- The attacker withdraws around a corner.



MOUT Scenario 1

- YOU are the person providing medical care.
- What do you do?



MOUT Scenario

2





MOUT Scenario

2

- **SCENARIO HISTORY:** While on patrol in the city of Tal Afar your platoon receives effective direct small arms fire. A 22-year-old unit member falls to the ground and begins screaming, holding his right leg. The platoon, including you, reacts to the ongoing contact by returning fire.



MOUT

Scenario 2

- You can see that the casualty is bleeding heavily from his leg wound.
- YOU are the person providing medical care for the unit.
- What do you do?



Questions



MOUT

Scenario 3





MOUT

Scenario 3

- **SCENARIO HISTORY:** While on patrol in the city of Mosul, an infantry platoon comes under small arms fire. The point man is hit and falls to the ground. The platoon reacts to the contact, rapidly eliminating the ambushing hostiles. There are no other casualties. The platoon leader tells you take care of the casualty while



MOUT Scenario

3

- You move to the casualty, and quickly assess for life-threatening conditions:
 - GSW
 - Entrance at right upper back
 - Exit in right armpit
 - Heavy, pulsatile bleeding from the exit wound
 - Breathing OK, though a little fast
 - No other wounds
- YOU are the person providing medical care.

Questions



MOUT

Scenario 4





MOUT Scenario

4

- **SCENARIO HISTORY**: You are riding with a squad in the back of a cargo Humvee. When you stop at an intersection, a lone attacker fires an RPG at your vehicle. It is poorly aimed, and strikes the ground beside the Humvee. The vehicle sustains moderate damage and is not able to move. Everyone
- 42 scrambles out of the vehicle. The



MOUT

Scenario 4

- Security is set
- No further hostile fire
- YOU are the person providing medical care.
- What do you do?





Questions?



Tactical Combat Casualty Care



- Casualty scenarios on the battlefield usually entail both medical and tactical problems.
- Emergency actions must address both
- **Medical personnel need to be**



Scenario-Based Planning

- **The TCCC guidelines for combat trauma scenarios are advisory rather than directive in nature.**
- **Rarely does an actual tactical situation exactly reflect the conditions described in planning scenarios.**
- **Unit medics/corpsmen/PJs will typically need to modify the**



The 3 Objectives of TCCC

- **Treat the casualty**
- **Prevent additional casualties**
- **Complete the mission**



The End